

## **Application Data Sheet**

### **Application Information**

Application number::	To be assigned
Filing Date::	February 3, 2004
Application Type::	Provisional
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	HIGHLY CRYSTALLINE CROSS-LINKED OXIDATION-RESISTANT POLYETHYLENE
Attorney Docket Number::	37697-0086
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	16
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contractor Grant Numbers::	
Secrecy Order in Parent Appl.?::	

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Turkey
Status::	Full Capacity
Given Name::	Orhun
Middle Name::	K.
Family Name::	MURATOGLU
Name Suffix::	
City of Residence::	Cambridge
State or Province of Residence::	Massachusetts
Country of Residence::	U.S.A.
Street of mailing address::	5 Dana Street
City of mailing address::	Cambridge
State or Province of mailing address::	Massachusetts
Country of mailing address::	U.S.A.
Postal or Zip Code of mailing address::	02138

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Turkey
Status::	Full Capacity
Given Name::	Ebru
Middle Name::	
Family Name::	ORAL
Name Suffix::	
City of Residence::	Somerville
State or Province of Residence::	Massachusetts
Country of Residence::	U.S.A.
Street of mailing address::	11 Belmont Square
	Apt. 3
City of mailing address::	Somerville
State or Province of mailing address::	Massachusetts
Country of mailing address::	U.S.A.
Postal or Zip Code of mailing address::	02143

## **Correspondence Information**

Correspondence Customer Number:: 26633

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

## Representative Information

Representative Customer Number::	26633	
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- OR -

Representative Designation::	Registration Number::	Representative Name::

## Assignee Information

Assignee name:: Massachusetts General Hospital

Street of mailing address:: 55 Fruit Street

City of mailing address:: Boston

State or Province of mailing address:: Massachusetts

Country of mailing address:: U.S.A

Postal or Zip Code of mailing address:: 02114